



## POLICE ATHLETIC LEAGUE (PAL) YOUTH APPLICATION

50 WILLIAMS STREET, HARTFORD, CT 06120

PAL Coordinator: Officer L. Raimundi E-mail: [Raimloo1@hartford.gov](mailto:Raimloo1@hartford.gov) Tel: 860-757-4401

PAL Director of Programming: Jonathan Esmail Email: [jon.esmail@pal.org](mailto:jon.esmail@pal.org)



### PAL YOUTH APPLICANT

Name:

Date of Birth:

SSN:

Phone:

Current address:

City:

Zip Code:

Email:

### YOUTH PERSONAL INFORMATION

PAL Program interested in:

School/Grade:

Teacher/Counselor Name:

Gender: M/F

Race/Ethnicity:

Foster Care: Y/N

Arrested: Y/N

Date of arrest:

Charges:

Probation: Y/N

Probation Officer:

Sibling (s):

### PARENT INFORMATION

Guardian/Primary Parent:

Phone:

Own/Rent (Please circle one)

Live with Both Parents: Y/N

Household Income:

### YOUTH MEDICAL INFORMATION

List Allergies

List Medical Conditions/Restrictions

Family Doctor/Pediatrician

Name:

Phone:

### PARENT WAIVER OF LIABILITY/CONSENT:

This consent extends to all **PAL** sponsored programming, events, field trips and camps. I am aware that in any sport, program or vocational activity there is a risk of injury present and hereby agree to hold harmless and indemnify the Hartford Police Department, the owners and agents of all facilities, premises, and properties used for said activities, Hartford PAL Inc., its instructors, coaches, volunteers, employees, directors, and any board member should any injuries or unusual incidents occur. The Hartford Police Department's or its agents shall not be held liable for any occurrences during transportation to and from events. My signature authorizes the rendering of any emergency treatment of my child(ren), should it be deemed necessary. I have read, understand and agree to the Waiver of Liability and consent. I also hereby grant the **PAL** permission to use any images of my child(ren) in its publications without payment or any other consideration. I understand that a needs assessment can be conducted as normal operating procedure and agree that my child will submit to such assessment. I also understand that my child(ren) may be exposed to physical activity or maintenance chore as a form of discipline and/or consequence for his/her actions.

PARENT SIGNATURE/CONSENT: \_\_\_\_\_ DATE: \_\_\_\_\_

### EMERGENCY CONTACT INFORMATION

Name of relative/friend not residing with you:

Address:

Phone:

### PAL YOUTH PROMISE

I hereby promise to that I will be respectful to my peers and adults within all PAL sponsored functions. I will follow the rules and regulations within PAL Programs. I will do my best to be lawful. I understand that my actions have consequences and can determine if I am allowed to participate in PAL functions.

Signature of PAL Youth:

Signature of Parent/Guardian:



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This program is funded in whole or in part with Community Development Block Grant (CDBG) program funds through the City of Hartford. Participants and/or their parents/legal guardians must verify Hartford residency and self-certify household income in order to be eligible to participate in funded programs. The requested information and documentation is required to comply with CDBG federal regulations ONLY and is not shared with any other party, or available to any other agency for any other purpose.

PARTICIPANT MUST PROVIDE DOCUMENTATION OF CURRENT HARTFORD ADDRESS.

PARTICIPANT MUST INDICATE ALL SOURCE(S) OF INCOME AND GROSS YEARLY INCOME FOR EACH FAMILY MEMBER RECEIVING INCOME.

PARTICIPANT AND PROGRAM MANAGER MUST SIGN AND DATE CERTIFICATION.

FAILURE TO PROVIDE THIS INFORMATION WILL MAKE THE PARTICIPANT INELIGIBLE FOR CDBG ASSISTANCE.

PARTICIPANT'S NAME: \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_

CITY, STATE, ZIP: \_\_\_\_\_

1. Head of Household (name): \_\_\_\_\_

2. Number of persons currently living in household: ☐1 ☐2 ☐3 ☐4 ☐5 ☐6 ☐7 ☐8 ☐9

	Full Name (Include participant)	Ethnicity	Employed Y or N	Indicate Source of Income (FT/PT Job, Social Sec, Pension)	Gross Yearly Income \$
A.	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____
B.	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____
C.	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____
D.	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____
E.	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____
F.	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____
G.	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____
H.	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____

**CHECK AND ATTACH DOCUMENTS TO VERIFY HARTFORD RESIDENCY. DO NOT INCLUDE SOCIAL SECURITY NUMBERS.**

(Check one) → ☐ Personal check with pre-printed address  
☐ Utility bill

☐ CT Driver's license or ID Card  
☐ Government Assistance Form

☐ Rent receipt  
☐ Other \_\_\_\_\_

### CERTIFICATION:

I CERTIFY THAT THE ABOVE INFORMATION AND DOCUMENTATION ATTACHED IS ACCURATE AND COMPLETE:

\_\_\_\_\_  
Program Participant or Parent/Legal Guardian Signature

\_\_\_\_\_  
Date

I CERTIFY THAT THE ABOVE INFORMATION IS COMPLETE AND VERIFIED WITH ATTACHED DOCUMENTS AND MAINTAINED IN THE PROGRAM FILES:

\_\_\_\_\_  
Agency's Program Manager Signature

\_\_\_\_\_  
Date



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### Multimedia Permission

I give my consent for **Hartford Police Athletic League (PAL)** to photograph or video my child and/or use photograph(s) or videos that already exist of my child and/or me that were taken at any PAL events. I understand that the photographs, digital images, or video segments may be used in print or electronic media and that the photographs may be displayed on websites owned or sponsored by Hartford Police Athletic League. I give Hartford PAL permission to publish, exhibit, and distribute these materials.

*Please complete a separate form for each participant.*

*If the participant is under age 18, the participant's parent or guardian must sign this form.*

### Permission for Minor

\_\_\_\_\_  
Name of Child (print)

\_\_\_\_\_  
Name of Child (print)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Daytime Phone Number



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### Physical Training/Medical Clearance

I give my child permission to participate in physical training consisting of, but not limited to; up to a 1 ½ mile run, pushups, and sit ups. My child currently does not have any serious respiratory problems or medical problems.

Please List any Medical Conditions (Allergies) or Concerns:

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Parent's Initials: \_\_\_\_\_ Applicant's Initials: \_\_\_\_\_

### Release and review of personal records

I give permission to the Hartford Police Explorer Program Coordinator or his/her designee to review personal records which include but are not be limited to; school, criminal and medical records. I understand the information gathered as a result of the personal check may be sensitive, privileged or confidential in nature and as a result will only be used when necessary to help develop the personal growth of the applicant or to ensure safety of the officers and police explorers. I understand that all information shall be kept confidential. I also understand that should any statement I have made prove to be false, misleading or erroneous, it may result in my rejection or dismissal from the Hartford Police Explorer Program.

Parent's Name (print) \_\_\_\_\_ Parent's Initials: \_\_\_\_\_

Applicants under the age of 18 must have parent's initial form. Parents who initial this form voluntarily consent to allow the release of personal records.

Applicant's Name (print) \_\_\_\_\_ Applicant's Initials: \_\_\_\_\_